

However, I find no evidence, in the reference cited,<sup>4</sup> that lidocaine potentiates the hypotension of TCA overdose. Clinically, this has not been a problem with lidocaine, though its efficacy remains a debatable point.

The statement that propranolol is contraindicated is not true in all cases. The authors were referring to the catechol-depletion stage of TCA overdose, since in this instance hypotension can be exacerbated.<sup>5</sup> However, propranolol is very effective in the treatment of tachyarrhythmias due to TCA overdose,<sup>6-9</sup> since they are due to catechol release.

Bretylium is a drug that deserves further study. It does not impair conduction<sup>6</sup> or decrease cardiac output.<sup>10</sup> It does cause release of catechols, actions of which might be heightened by TCA inhibition of their reuptake.<sup>6</sup> Bretylium has been reported to be useful in quinidine toxicity, a closely akin clinical syndrome.<sup>10,11</sup>

Clearly, this is a complex area, about which there is not uniform agreement. I'm sure the readership of the WESTERN JOURNAL appreciates that there are varying opinions on the subject.

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## Diet and Psoriasis

TO THE EDITOR: In his letter in the April 1981 issue<sup>1</sup> Dr. Rapaport correctly concludes that dietary manipulation has not been shown to be effective in the management of psoriasis. However, the inclusion of the report by Zackheim and Farber<sup>2</sup> in a group of references relating to dietary studies that were criticized as failing to recognize the generally beneficial effect of hospital admission on psoriasis is misleading.

In fact our study concluded that although patients receiving regular diets and those receiving low protein diets all initially improved (two subsequently relapsed) there was no significant difference in the degree of improvement between the two groups. In a second hospital-based study<sup>3</sup> patients with a low-calorie diet actually did worse than those on a regular diet. Additionally, while the disease in four of eight patients receiving a regular diet improved, in two it was unchanged and in two it became worse.

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